

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/931452 FILING DATE

APPLICANT(S)

9774 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	/		/		/	
4	3		3			
5	0		/			
8	0		/			
7	0		/		/	
8	0		/		/	
9	0		/		/	
10	0		/		/	
11	0		/		/	
12	0		/		/	
13	0		/		/	
14	0		/		/	
15	0		/		/	
16	0		/		/	
17	0		/		/	
18	0		/		/	
19	0		/			
20	0		/			
21	0		/			
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29	0		/			
30	0		/			
31	0		/			
32	0		/			
33	0		/			
34	0		/			
35	0		/			
36	0		/			
37	0		/			
38	0		/			
39	0		/			
40	3		3			
41	3		3			
42	3		3		1	
43						
44	/		/		/	
45	/		/		/	
46	/		/		/	
47	/		/		/	
48	0		/		/	
49	/		/		/	
50						
TOTAL IND.	3		3		4	
TOTAL DEP.	53	←	53	←	20	←
TOTAL CLAIMS	56		56		84	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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52								
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96								
97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.		←			↓			←
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS